

AUTO CR - LOG SUMMARY #1054251

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
<p>It is reported that the involved officers responded to a report of a man with an AK-47 rifle. When the involved officers arrived on the scene, they observed a subject with the rifle. During the incident, involved officer Martinez discharged his weapon with no apparent hits. One subject fled the scene. Another subject, [REDACTED] was taken into custody and is at Area South Detective Division. The rifle and a 9mm pistol were recovered.</p> <p>REFERENCE: U#12-16, Log#1054291</p>	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BUIS JR, DONALD A	[REDACTED]	620 /	PO AS DETECTIVE M		WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
24-MAY-2012 10:02 - 24-MAY-2012 10:02	[REDACTED]	0633	006	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	MARTINEZ, JAIR	17046	[REDACTED]	006 /	POLICE OFFICER	M	S	
CPD Employee	Involved Member	HICKS, ERROL A	17902	[REDACTED]	006 /	POLICE OFFICER	M	BLK	
NON-CPD	Victim/Subject	[REDACTED]				M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y	Y

Investigator History

Investigator	Type	Assigned Team		Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-DEC-2012 03:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-DEC-2012 03:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	05-JUL-2012 11:51	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	05-JUL-2012 10:29	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	24-MAY-2012 01:25	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LUKAS, JAMES	24-MAY-2012 01:25			
	DOCUMENTS - INTAKE INCIDENT		3	Officer Errol Hicks, #17902, 6th Dist.	N	LUKAS, JAMES	25-MAY-2012 12:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	RD# [REDACTED] (Agg. Asslt. to PO; Other Firearm)	N	LUKAS, JAMES	25-MAY-2012 12:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		11	Reports from IAD REF: breathalyzer and urine test documents, IAD Syntoptic Report for Officer Martinez, #17046.	N	LUKAS, JAMES	05-JUL-2012 10:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	Officer Jair Martinez, #17046, 6th Dist. (fired twice)	N	LUKAS, JAMES	25-MAY-2012 12:11	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 24-MAY-2012) - LOG #1054251

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BUIS JR, DONALD A		██████████	620 /	PO AS DETECTIVE M		WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
24-MAY-2012 10:02 - 24-MAY-2012 10:02	██████████	0633	006	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	24-MAY-2012 13:25	LUKAS, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-DEC-2012 03:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-DEC-2012 03:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	05-JUL-2012 11:51	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	05-JUL-2012 10:29	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	24-MAY-2012 01:25	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD #: [REDACTED]

Case ID: [REDACTED]

EVENT #: [REDACTED]

INCIDENT

APPROVAL COMPLETE

IUCR: 0551 - Assault - Aggravated Po' Other Firearm

Occurrence Location:	Beat: 0633	Unit Assigned: 0613
330 - Other		RO Arrival Date: 24 May 2012 10:10
Occurrence Date: 24 May 2012 10:04		Gang Related Incident # Offenders: 2

VICTIM - Individual

Name: [REDACTED]	Demographics	
Res: [REDACTED]	Male	Age: 31 Years
Empl: CHICAGO POLICE DEPT [REDACTED]	Black	
Police Officer - Chicago		
Sobriety: Sober		
CPD Officer: No		

VICTIM - Individual

Name: [REDACTED]	Demographics	
Res: [REDACTED]	Male	Age: 35 Years
Empl: CHICAGO POLICE DEPT [REDACTED]	White Hispanic	
Police Officer - Chicago		
Sobriety: Sober		
CPD Officer: No		

INJURY(S)

Injury Info [REDACTED] -Victim)	
Contact Person: [REDACTED]	
Injury Info [REDACTED] -Victim)	
Contact Person: [REDACTED]	

RD # [REDACTED]

Chicago Police Department - Incident Report

RD #: [REDACTED]

SUSPECT(S)	Suspect # 1	In Custody
	Name: [REDACTED] Res: [REDACTED] Beat: 3100	Demographics Male Black 5'08, 145 lbs , Brown Eyes Black Hair Short Hair Style Medium Complexion Scar Marks Descr: [REDACTED]
Suspect # 2	Demographics Name: UNK Male Black 5'08, 180 lbs , Black Hair Short Hair Style Medium Complexion Descriptions	 Age: 21 years - 23 years Clothing Description: Bottom - Blue Jeans Jeans; Hat - Yellow And Blue Baseball Cap; Bottom - Blue Jeans Jeans; Hat - Yellow And Blue Baseball Cap

RELATIONSHIP	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	(Victim)	is a No Relationship of	UNK	(Offender)
	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	(Victim)	is a No Relationship of	UNK	(Offender)

GANG INFO	Incident Related Info	
	Apparent Gang: Retaliation	Targeted Gang Name: [REDACTED]
	Motivation:	
	Affiliation: Targeted	
[REDACTED] (Suspect)		
Affiliation: MEMBER	Gang Identifications: Tattoo	
Gang Name: [REDACTED]	Admission	

Chicago Police Department - Incident Report

RD #: [REDACTED]

Firearm #1		Possessor/User: [REDACTED]
<p>Type: Assault Rifle</p> <p>Make: Other-See Narrative Model: Sa/Cugir Serial #: [REDACTED]</p> <p>Feature: Black Caliber/Gauge: 762 caliber</p> <p>Displayed? Yes Used? No Recovered? Yes</p> <p>Taken/Stolen? No Duty Related? No Evidence?</p> <p>Owner Known? Yes Owner: [REDACTED]</p> <p>Magazine Capacity: 30</p> <p>Registered Status: Clear</p> <p>Inventory #: [REDACTED]</p>		
<p># Live Rounds: 29 # Spent Cartridges: 0</p>		
Firearm #2		Possessor/User: [REDACTED]
<p>Type: Semi-Automatic Pistol</p> <p>Make: Springfield Firearms--Us--(Springfield, Ma) Model: Xp9</p> <p>Feature: Black Caliber/Gauge: 9 caliber Barrel Length: 3</p> <p>Displayed? Yes Used? No Recovered? Yes</p> <p>Taken/Stolen? No Duty Related? No Evidence?</p> <p>Owner Known? Yes Owner: [REDACTED]</p> <p>Magazine Capacity: 13</p> <p>Registered Status: Clear</p> <p>Inventory #: [REDACTED]</p>		
<p># Live Rounds: 13 # Spent Cartridges: 0</p>		

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	620	Detective Area - South	25 May 10:05	947	BURKE,Michael
Other Notifications May Be In Narrative.					
On Scene	620	Detective Area - South	24 May 10:15	20186	BUIE,Greg
On Scene	620	Detective Area - South	24 May 10:15	20958	JACKSON,Donovan
On Scene	177	Forensic Services Division	24 May 11:00	17629	NIEWBACK,
On Scene	177	Forensic Services Division	24 May 11:00	9601	HUELS,

Chicago Police Department - Incident Report

RD #: [REDACTED]

NARRATIVES

EVENT# [REDACTED] FOR NARRATIVE AND INVESTIGATIVE DETAILS, REFER TO THE DETECTIVE DIVISION SUPPLEMENTARY REPORT FILED UNDER THIS RECORDS DIVISION(RD) NUMBER. STAR#19013 FENTON TIMOTHY BEAT 613

- STAR#: 9106 NAME: FREDERICK ANTHONY BEAT: 0606E
- STAR#: 17543 NAME: LANELL AUBERT BEAT: 0606E
- STAR#: 8158 NAME: ELISE PADILLA BEAT: 0606D
- STAR#: 16960 NAME: VICENTE PAREDES BEAT: 0606D
- STAR#: 10924 NAME: JOSEPH BENNETT BEAT: 0675S
- TRANSPORT OFFICER - STAR#: 19013 NAME: TIMOTHY FENTON BEAT: 0613
- STAR#: 1856 NAME: RAHMAN MUHAMMAD BEAT: 0606

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	19013	# [REDACTED]	FENTON, Timothy, S	[REDACTED]	24 May 2012 14:07	006	0613

IUCR ASSOC.

Victim	IUCR	Crime
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm

Offender
[REDACTED]
UNK
UNK

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1 DATE OF INCIDENT 24-MAY-2012	TIME 10:10:00	2 ADDRESS OF OCCURRENCE [REDACTED]	3 LOCATION CODE 304	4 BEAT/OCCUR 0633			
	5 POSITION 9161	6 LAST NAME JAIR	7 FIRST NAME JAIR	8 STAR NO. 17046	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11 AGE [REDACTED]	12 HT 507
SUBJECT INFORMATION <input type="checkbox"/> DNA	14 DATE OF APPT. 25-OCT-2004	15. EMPLOYEE NO. [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 006 0606H	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20. LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 MI [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25. D.O.B. [REDACTED]	26 HT 508	27. WT 145
REASON FOR USE OF FORCE (Check all that apply)	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED/FIREARM - RIFLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence			
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE ***** [REDACTED]	DNA	37 CB NO [REDACTED]	IR NO. [REDACTED]	DNA
38 <input type="checkbox"/> DNA	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULTANT ASSAULT	ASSAULTANT BATTERY	ASSAULTANT: DEADLY FORCE	
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>			
MEMBER'S RESPONSE <input type="checkbox"/> DNA	OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	OTHER POINTED FIREARM IN R/O S DIREC <input checked="" type="checkbox"/>			
	MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/>	OC CHEMICAL WEAPON CANINE <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>			
	ESCORT HOLDS WRISTLOCK <input type="checkbox"/>	TASER (Probe Discharge) TASER (Contact Stun) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____			
	ARMBAR <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____			
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____			
39 <input type="checkbox"/> DNA	40. ADDITIONAL INFORMATION OFFENDER POINTED FIREARM IN R/O S DIRECTION, R/O FIRED TWO SHOTS AT OFFENDER.							
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)	46 MODEL 5943	47. BARREL LENGTH 4	48 CALIBER/GAUGE 9 MM				
49. TASER DART ID NO [REDACTED]	50. WEAPON SERIAL NO (Include Letters) [REDACTED]	51 CHICAGO GUN REG NO [REDACTED]	52 IL FIREARM OWNER ID NO. [REDACTED]	53 HANDGUN CERTIFICATE NO [REDACTED]				
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]	55 PROPERTY INVENTORY NO [REDACTED]	56 TYPE OF AMMUNITION USED Department Issued	57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58 TOTAL NO OF SHOTS MEMBER FIRED 2				
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61 NO OF CARTRIDGES/SHOT SHELLS RELOADED 0	62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input checked="" type="checkbox"/> 04 OVER 15 FT				
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN	69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	70. ON EVENT [REDACTED]						
72 CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV.	STAR/EMPLOYEE NO 17046	SIGNATURE [REDACTED]	71 RD ON [REDACTED]				
SIGNATURES [REDACTED]	73. REPORTING MEMBER (Print Name) MARTINEZ, JAIR 24-MAY-2012 18:35:26	STAR NO 1856	DATE REVIEWED 24-MAY-2012 18:37:11	TIME				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	74. REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S	STAR NO 1856	DATE REVIEWED 24-MAY-2012 18:37:11	TIME				

36 CHARGES PLACED

SUBJECT
INFORMATION

720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6

DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM. 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ACS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON. 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON. 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject was being interviewed by Area South Detectives relative to this investigation.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

LOG # 1054251 The offender pointed a firearm in the direction of Officer Martinez and his partner. Officer Martinez, in fear for his life and that of his partner, discharged two rounds at the offender. Based upon all information known to me at this time, I have concluded that Officer Martinez's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

24-MAY-2012 18:48:47

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No.

2

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 24-MAY-2012		TIME 10:10:00	2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 304	4 BEAT/OCCUR 0633			
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME HICKS	7 FIRST NAME ERROL A	8 STAR NO 17902	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE BLK	11 AGE [REDACTED]	12 HT 505	13 WT 174		
	14. DATE OF APPT 29-AUG-2005		15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 006 0606H	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20 LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M/F [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. DOB [REDACTED]	26. HT 508	27. WT 145		
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid	36. DNA [REDACTED]	37. CB NO [REDACTED]	IR NO [REDACTED]	DNA [REDACTED]		
	***** PLEASE SEE NEXT PAGE *****										
	SUBJECT INFORMATION	38. SUBJECT'S ACTIONS <input type="checkbox"/> DNA		39. SUBJECT'S RESPONSE <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION					
		PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		ACTIVE RESISTER FLED <input checked="" type="checkbox"/>		ASSAILANT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ASSAILANT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAILANT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____					
		OTHER _____									
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____			
VERBAL COMMANDS <input checked="" type="checkbox"/>											
ESCORT HOLDS <input checked="" type="checkbox"/>											
WRISTLOCK <input type="checkbox"/>											
ARMBAR <input type="checkbox"/>											
PRESSURE SENSITIVE AREAS <input type="checkbox"/>											
CONTROL INSTRUMENT <input type="checkbox"/>											
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>											
OTHER _____											
REASON FOR USE OF FORCE (Check all that apply)	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	49. TASER DART ID NO		50. WEAPON SERIAL NO (Include Letters)		51. CHICAGO GUN REG NO		52. IL FIREARM OWNER ID. NO		53. HANDGUN CERTIFICATE NO		
	54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO		56. TYPE OF AMMUNITION USED		57. NO OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO OF SHOTS MEMBER FIRED		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		<input type="checkbox"/> 03 OTHER (Specify)		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT)			<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR							
	71. NOTIFICATIONS (FIREARM INCIDENT)			<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV.							
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	72. REPORTING MEMBER (Print Name) HICKS, ERROL A		STAR/EMPLOYEE NO 17902		SIGNATURE [REDACTED]						
	73. REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S		STAR NO 1856		SIGNATURE [REDACTED]		DATE REVIEWED 24-MAY-2012 18:39:14		TIME [REDACTED]		

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6

DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject interviewed by Area South Detectives relative to this investigation

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

LOG # 1054251 Officer Hicks was the victim of an aggravated assault. Officer Hicks did not use force during this incident.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED _____

78 WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

24-MAY-2012 18:44:05

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> IOD REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | |

80 TOTAL TRR'S THIS EVENT NO

2

INVESTIGATIONS DIVISION
General Investigations Section

24 May 2012
Log #1054251

TO: Juan RIVERA – Bureau Chief
Bureau of Internal Affairs

ATTN: Robert KLIMAS – Commander
Investigations Division

ATTN: Lieutenant Susan CLARK Star #320
Administrative Section
Investigations Division

FROM: Sergeant Michael P. MURPHY Star #2029
General Investigations Section
Investigations Division

SUBJECT: **Synoptic Report – Firearms Discharge Incident (NO HITS)**

REFERENCES: LOG# : 1054251
RD# : [REDACTED]

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 24 May 2012 1130 Hours

OCIC: Area South Deputy Chief Wayne GULLIFORD

**INVOLVED
MEMBER:** Police Officer Jair MARTINEZ
Star # 17046
Employee # [REDACTED]
Unit of Assignment: 006th District
DOA: 25 October 2004
DOB: [REDACTED]

RESULTS: B.A.C. - .000 (WD# [REDACTED])

IN SUMMARY: R/Sgt. received notification from Sgt. Timothy MOORE #2299 at 1140 hours on 24 May 2012 regarding a Firearm Discharge Incident in the 006th District involving P.O. MARTINEZ. R/Sgt responded to the Area South Detective Division at 1220hrs and upon P.O. MARTINEZ becoming available conducted a Breath Test and collected a Urine Specimen P.O. MARTINEZ.

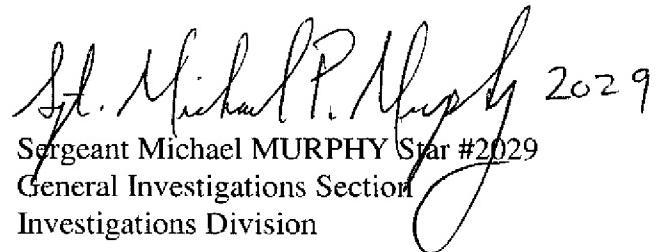
R/Sgt presented P.O. MARTINEZ with the “Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident” form. The 20 (twenty) minute observation period of the involved member was begun at 1445 hours on 24 May 2012. The Breath Test was conducted at 1508

INVESTIGATIONS DIVISION
General Investigations Section

24 May 2012
Log #1054251

hours and returned with a BAC reading of .000. R/Sgt then collected the urine specimen of the involved member at 1630 hours on 24 May 2012.

Area South Deputy Chief Wayne GULLIFORD was notified of the test results of the involved Department member.


Sergeant Michael MURPHY Star #2029
General Investigations Section
Investigations Division

APPROVED:


Lieutenant Susan CLARK Star #320
Administrative Section
Investigations Division



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Jair MARTINEZ Title P.O.
Star No. 17046 Employee No. ██████████ Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
<u>JAIR MARTINEZ</u>	<u>Jair Martinez</u>	<u>24 MAY 12 /1445</u>
Type of Test: Alcohol	Location: <u>727 E. 111TH St. / AREA SOUTH</u>	Date and Time: <u>24 MAY 2012 /1508 hrs</u>
Type of Test: Drug	Location: <u>727 E. 111TH St. / AREA SOUTH</u>	Date and Time: <u>24 MAY 2012 /1630 hrs</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt. Michael P. MURPHY</u>	<u>Michael Murphy 2029</u>	<u>24 MAY 2012 /1635</u>
DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER		

CPD-44.252 (REV. 11/11)

Last Name: MARTINEZ

First Name: Jair

Rank: P.O.

Star #: 170 216

Unit: CO6

Home Zip Code: _____

Date Hired: 25 OCT 04

Birthdate: [REDACTED]

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. Michael P. MURPHY

Employer Representative _____

Signature of Employer Representative

PART I - A. On the 24 day of MAY, 2012 at 1646, I, JAIR MARTINEZ,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt MURPHY #2029,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

A

MAIN TEST VIAL - NO.

B

ALTERNATE TEST VIAL - NO.

_____	_____
-------	-------

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

C. Murphy, on 24 MAY 12, at 1646,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT
CHICAGO POLICE DEPARTMENT
600 N. MICHIGAN AVE.
CHICAGO IL 60611
(312) 744-3600 FAX: (312) 744-6879

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: DIAZ First: _____E. Donor ID Verified: Photo ID Emp. Rep. _____F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) WEAPONS INTEGRITY INCIDENT

G. Drug Tests to be Performed:

PCP, 5590N SAP 10-50/2000 4/1/01H. Collection Site Name: AREA 51 - Detective Division Collection Site Code: _____Address: 727 L. 111 St Collector Phone No.: _____City, State and Zip: CHICAGO, IL Collector Fax No.: _____
STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
--	--

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X 1/11/2001 3:27
 Signature of Collector
1/11/2001 3:29
 (Print) Collector's Name (First, MI, Last)

4/1/01 AM
 Time of Collection
05/12/01/2001 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

Yes
 No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:
STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X 1/11/2001
 Signature of Donor _____
 (PRINT) Donor's Name (First, MI, Last) _____
 Daytime Phone No. 41 Evening Phone No. _____
 Date of Birth 1/1/01 Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED	<input type="checkbox"/> REFUSAL TO TEST BECAUSE <input type="checkbox"/> ADULTERATED
<input type="checkbox"/> DILUTE	<input type="checkbox"/> SUBSTITUTED

REMARKS _____

X 1/11/2001
 Signature of Medical Review Officer _____
 (PRINT) Medical Review Officer's Name (First, MI, Last) _____
 Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED FAILED TO RECONFIRM - REASON _____

X 1/11/2001
 Signature of Medical Review Officer _____
 (PRINT) Medical Review Officer's Name (First, MI, Last) _____
 Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 24 day of MAY 2012, I PO C. Conry #7094
received a collected urine specimen from Sgt. M. Murphy #2029. The specimen
was delivered in sealed condition and was received in packaging described as

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

The packaging was then opened by PO C. Conry in the presence
of Sgt. Murphy. The following items were removed from the container

Select One One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

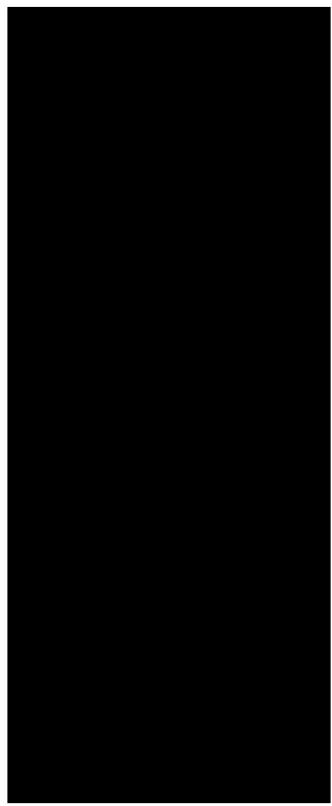
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. Murphy

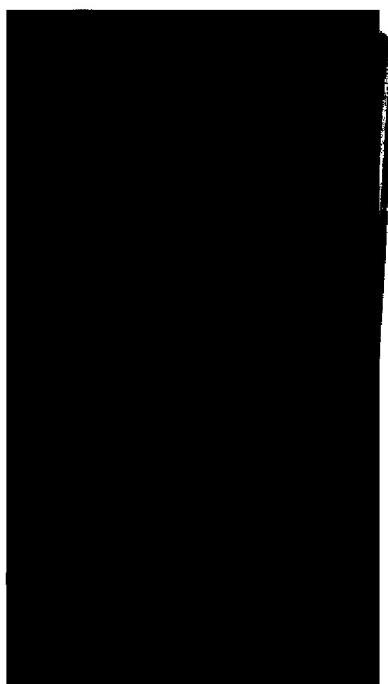
Specimen delivered by:

Sgt. M. Murphy # 2029
Signature

Received/stored by:

PO Carole Conry # 7094
Signature





CPD 0075652



5/29/2012 5:08:40 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]

LAB REF NO: [REDACTED]

COLLECTED: 5/24/2012 16:30

RECEIVED: 5/26/2012 06:35

REPORTED: 5/26/2012 11:15

DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT

3510 S MICHIGAN AVE

CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE INCIDENT

Tests Ordered: 35190N

Integrity Checks
Acceptable Range

CREATININE	88.4 mg/dL	>/= 20 mg/dL
pH	5.4	4.5-8.9
OXIDIZING ADULTERANTS		
	Negative	

Substance Abuse Panel

Initial Test	Level	GC/MS Confirm Test Level
--------------	-------	--------------------------

AMPHETAMINES	Negative	1000 ng/mL
BARBITURATES	Negative	300 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL
METHADONE	Negative	300 ng/mL
METHAQUALONE	Negative	300 ng/mL
OPIATES	Negative	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE INCIDENT mapped to OTHR

UNIT NO.		PROP. INVENTORY NO.	DATE RECEIVED	MANNER RECEIVED	<input type="checkbox"/> OTHER-DESCRIBE
			24MAY12	<input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB	
DELIVERING OFFICER		STAR NO.		E & RPS RECEIVING OFFICER	
Sgt. Murphy		2029			
CONTENTS		AMOUNT \$		Lock 1054251	

SEAL WITHIN WHITE AREA

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

CPD-34-559-A

CPD 0075654